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Quarterly Program Performance Report

Emergency Response to Life Threatening Malnutrition in Jonglei, South Sudan

AID-OFDA-G-14-00186

Reporting Period: July 1st – 31st August 2015

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Programme Title:	Emergency response to life-threatening malnutrition in Jonglei, South Sudan
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Executive Summary

This is the 4th quarterly report for the OFDA-funded project that has run from September 1st 2014 to August 31st 2015. The report provides an overview of the project activities implemented July-August 2015 at the three OFDA supported sites of Dakriang, Karam and Modit. The report provides outcomes of the proposed and implemented Nutrition activities covering: (1) Outpatient Therapeutic Program (OTP) for treatment of severe malnutrition (SAM) without medical complications for children 6-59 months; (2) Targeted Supplementary Feeding Program (TSFP) for treatment of U5 children (6-59 months) with moderate malnutrition (MAM); (3) Targeted Supplementary Feeding Program for treatment of malnourished pregnant and lactating mothers; (4) Community outreach activities and referrals for community mobilization, awareness raising and timely screening and referrals and; (5)

Infant and Young Child Feeding Practices (IYCF) in the community for prevention of malnutrition through awareness of child feeding and care.

For this reporting period, 2,484 beneficiaries (2,089 female and 395 male) between the ages of 15-49 years of age were reached with IYCF and health messaging. A total of 369 (177 girls, 172 boys and 20 pregnant and lactating mothers) were admitted into the Supplementary Feeding Program for treatment of moderate malnutrition (MAM) while 311 children 6-59 months (167 female and 144 male) were admitted into the Outpatient Therapeutic Feeding Program (OTP) for treatment of severe malnutrition without medical complications. For referrals, 2 children between the ages of 6-59 months were referred to the inpatient facility (MSF- Lankien) for treatment of severe malnutrition with medical complications.

1. Security Concerns

The security in Uror remained relatively stable though unpredictable during the 4th quarter. Although there were no major insecurity occurrences reported, there was some clan fighting in Dakriang that left at least four people dead and several wounded. Clan fights were also reported in the neighbouring Walgak (15 Kms from Motot) which left at least 3 people dead and several wounded. The wounded from both Dakriang and Walgak were taken to the ICRC clinic in Waat, and later transferred to the MSF Hospital in Lankien. The inter-clan fights temporarily disrupted Dakriang feeding centres' nutrition services for about two weeks. The situation in the area remained tense for weeks and the local authorities had to mediate and negotiate a truce between the warring parties. It is worth noting that the clan fight in Walgak led to tensions and revenge attacks in Waat town (12 Km from Motot), which led to market closure and the SPLA in Opposition (SPLA/IO) troops surrounding the ICRC clinic to secure it from attack. This was because one opposing group had mobilized and attempted to force themselves into the clinic in an attempt to kill the injured who had been admitted in the clinic. These tensions extended into Motot and affected one of our staff from Padiiek (an IDP in Motot since May 2015). The staff reported to us that he had been threatened by an opposing group from Walgak; he felt threatened and wanted to return to Yuai (which he felt was safer for him). Tearfund Motot had to ensure he returned to Yuai and arrived safely. Back in Waat, ICRC later issued a memo stating that they would no longer transport patients with gunshot wounds using their vehicles.

Meanwhile, Padiiek feeding centre (not OFDA supported), which was closed in the previous quarter due to insecurity, remained inactive. However we have since started nutrition activities (OTP and TSFP) through increased outreach. We are still waiting for the SSRRA for greater Uror to give us a greenlight so as to be able to return to Padiiek. The threat of war between the government and the IO troops still remains a reality as government troops are still in Pajut, Duk County. There have been recent unconfirmed rumours that the government is increasing the numbers and prepositioning equipment, including trucks and other machinery.

2. Progress

2.1 Infant and Young Child Feeding and Behaviour Change (IYCF&BC)

The IYCF activities comprises (a) support groups, (b) IYCF support discussions/meetings, (c) identification and training of counsellors and IYCF group leaders and, (d) monitoring and reporting on activities went on as planned. A total of 100 support groups (Karam 46, Modit 24 and Dakriang 30) have been formed, trained and are now operational. These groups and counsellors, equipped with IYCF skills through prior training, are now carrying out outreach activities and IYCF sessions in their communities with the support of counsellors and facilitators. Focus during the reporting period was to provide support to the mother support groups established previously during the project before setting up more (with new OFDA support from September 2015). During the reporting period, a total of 31 IYCF counsellors and 19 mother support leaders (all female) were trained on the approach and are as a result supporting the mother support group discussions in the communities. The scope of the training covered key IYCF messaging, individual counselling, action oriented groups sessions, mother support group sessions and reporting. Support group members carry out weekly and bi-weekly group sessions depending on member preferences (e.g when they find the best time).

For the reporting period, a total of 2,484 beneficiaries (2,089 female and 395 male) between the ages of 15-49 received IYCF, other nutrition and health messaging by use of UNICEF counselling cards. Once the 100 support groups are able to run autonomously, more support groups will gradually be established and trained to be able to conduct outreach activities in their own communities.

2.2 Management of Moderate Acute Malnutrition (MAM)

Management of Moderate Acute Malnutrition was conducted through Targeted Supplementary Feeding Programme (TSFP). This programme is further classified into treatment of moderate acute malnutrition for U5 children (6-59 months) and treatment of moderate acute malnutrition for pregnant and lactating mothers. During the reporting period (July and August 2015), 349 children; 177 female and 172 male (6-59 months of age) and 20 Pregnant and Lactating Women (PLW) were admitted into the supplementary feeding program. Another 246 children (TSFP 6-59 months) were discharged from the program. The discharges revealed the following performance indicators; *90.0% (n=222) cure rate, 0.4% (n=1) death rate, 6.5% (n=16) default rate, 2.4% (n=6) transfer to OTP and 0.4% (n=1) non response rate. TSFP 6-59 months*; thus meeting all the performance indicators and SPHERE standards.

Fifty four (54) pregnant and lactating women (PLW) were discharged from the TSFP- PLW program. Of these; 74.1% (n=40) were cured, 1.9% (n=1) died, 24.0 (n=13) defaulted and 0% were non responders. TSFP- PLW did not meet the SPHERE standards for cure and default rate. The main reason for failure to meet the cure rate was the high default rate. The main reason for the defaulter rate this reporting period was being at peak of the cultivation period and as such some caretakers opted for cultivation over nutrition services. In addition, there were food distributions (WFP food drops) especially in Waat in Nyirol County (12 kms from Motot), in addition to WFP drops in Yuai and Motot of Uror County that forced most mothers and caregivers to move longer distances to

receive food. These distribution by WFP coordinated by CRS took about 8 days at each distribution site.

2.3: Management of Severe Acute Malnutrition (SAM)

Treatment for severe acute malnutrition with no medical complications continued to be carried through the outpatient therapeutic program (OTP). A total of 311 children; 167 male and 144 female, aged 6-59 months were admitted into the program. Another 238 children (120 female and 118 male) were discharged. Of these; 80.3% (n=191) were cured, 0% died, 7.6% (n=18) defaulted, 11.3% (n=27) non-responders and 0.8% (n=2) referred to an inpatient facility. All the performance indicators were met.

The table below shows the number of beneficiaries reached (disaggregated by gender and service type) by with different components of nutrition services at the OFDA funded feeding sites of Dakriang, Karam and Modit.

FC/Site	U5s screened		SAM admissions		SAM Discharges		MAM U5 admissions		MAM U5 Discharges		TSFP (PLW)			Grand Totals
	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>Adm</i>	<i>Discharge</i>	<i>Screened</i>	
Karam	551	615	49	28	46	42	36	26	47	50	20	6	232	1748
Modit	1,097	962	97	101	54	59	125	135	74	64	0	31	266	3065
Dakriang	1,749	1,694	21	15	19	18	16	11	4	7	0	17	144	3715
Total	3,397	3,271	167	144	119	119	177	172	125	121	20	54	642	8528
Grand Totals	6,668		311		238		349		246		20	54	642	8528

2.4 Community outreach activities and prevention

Community outreach activities continue to be carried out by Tearfund's Nutrition extension workers and Community Nutrition Volunteers (CNVs). Every feeding centre location has 4-5 Extension workers (depending on the catchment area and caseload) and 6 CNVs. Community outreach activities are carried out for 3 days each week (non-nutrition feeding days). During community outreach activities, MUAC screening for malnutrition, health and nutrition messaging and awareness on services available are carried out. The main aim of these community outreach services is to provide awareness for available services, help the community understand/know malnutrition and to capture malnutrition cases at early stages. Other preventive activities carried out include Vitamin A supplementation, IYCF and deworming.

Mid Upper Arm Circumference (MUAC) Screening and referral

Mid Upper Arm Circumference (MUAC) screening for malnutrition is done by a use of the MUAC Tape . This tape is wrapped at the mid-point of the left upper arm. It is a quick and simple technique for determining malnutrition when used properly. It is also a good indicator of mortality.

During the reporting period, a total of 6,668 children (3,397 female and 3,271 male) of 6-59 months were screened. Of these; 75.04% (n=5,004) were normal, 17.82% (n=1,188) were moderately malnourished and 7.10% (n=476) were severely malnourished. MUAC screening was also carried for pregnant and lactating women using an adult MUAC tape and 642 PLWs were screened. Of these; 49.5% (n=318) were normal, 31.2% (n=200) moderately malnourished and 19.3% (n=124) were severely malnourished

Vitamin A supplementation: These are OTP supplies provided as GIK by UNCEF to all nutrition feeding centers. They are offered to children between the ages of 6-59 months without oedema for healthy eye sight and to fight infections. Vitamin A supplementation is carried out both at the facility and in the communities during community outreach visits. At the feeding centre it is provided after the 4th week in the programme and or upon discharge from the program. In the community, it is provided to children at a six months' interval. In total, 3,466 children (1,758 Female and 1,708 male) received Vitamin Supplementation during this reporting period.

Deworming: Mabendazole and or Albendazole tablets also known as antihelminthic drugs (also GIK from UNICEF) are offered to children aged between 12 – 59 months. These tablets play a key role in halting infections caused by round worms, hookworms and whipworms. These deworming tablets are provided at both the feeding centres and / in the community during community outreach visits. Deworming tablets are provided after one week in the program. If signs of re-infection appear, an antihelminthic drug can be given again after three months. For the reporting period, 1,351 children (680 Female and 671 Male) in the category above received deworming tablets.

2.4.Trainings and community meetings

A number of training were conducted during the reporting period. 16 IYCF Counsellors and 19 mother support group leaders (All female) were trained during the quarter. The scope of the IYCF training covered key IYCF messaging, individual counselling, action oriented groups sessions, mother support group sessions and reporting. 3 Extension workers received a short training on Routine medications. On job trainings in all the feeding centres are ongoing as routine activities. The trainings for IYCF were an initial step to start IYCF activities. Monitoring, follow ups and or on job visits are ongoing to ensure that the activities are done at the required level and in a sustainable manner. So far, 100 support groups have been formed and are now functional . Once these are able to run well, more shall be set up with support of the new OFDA grant that runs from September 2015-August 2016..

3. Coordination

Tearfund closely coordinates with partners at both national and county levels as well as donors and other actors in greater Akobo and Uror. Coordination with the Nutrition Cluster has been maintained through participation in monthly meetings, ensuring quality standards, and timely sending weekly monthly and monthly reports. During the reporting period, all the weekly and monthly reports were submitted and 2 cluster meeting were attended in Juba.

At the County level, Tearfund has maintained a strong working relationship with MSF-Holland to facilitate referral and follow up of children with severe malnutrition and with medical complications. Other actors Tearfund had collaborated with are Oxfam, INTERSOS and PAH for WASH and NFIs activities in our area of operation; this has been helpful in a way that our activities are complementary and there is no duplication. We also are working closely with ICRC since they took over the running of the PHCC in Motot; this collaboration is in terms of referrals on health service (ICRC) and nutrition (Tearfund) to ensure services are delivered to the beneficiaries. Since May 2015, Tearfund has joined a coordination of the NGOs working in Waat, Akobo and Walgak and participates in the monthly coordination meetings held in Waat. At these monthly meetings, the participants discuss issues on humanitarian access, relationships with the local authorities, implementation, activities coverage, sharing best practices and challenges faced. In the coming months, the minutes will be shared with the OCHA humanitarian office in Jonglei; to keep them in the loop of the goings on as well as support NGOs in advocacy for the challenges faced with humanitarian access and local authority's threats to agencies.

4. Final Remarks

This is the 4th quarterly report for the OFDA funded project for Dakriang, Karam and Modit feeding centre for the period September 2014 – August 2015. By the end of this grant period, all three outreach feeding centres are operational with structures in place. The major indicators; number of children and PLW treated for SAM and MAM have been reached (see above table). The number rose because of massive screening conducted in the sites which was accompanied by referrals of identified cases for respective treatment services; OTP, TSFP and IYCF.

Over 90% of the planned activities were implemented, except for one activity-- establishment of a

stabilization centre, as mentioned in previous quarterly reports. The healthcare provider CARE International slowed down (in late 2014 through April 2015) and eventually pulled out of health service provision in Uror County by end of May 2015. CARE cited funding and staffing issues as well as pharmaceutical and medical supplies challenges. This means that Tearfund to continue to refer SAM cases with complications to Lankien MSF Hospital in Nyirol County. Tearfund has secured another OFDA funding for the period September 2015- August 2016 for both nutrition and WASH activities. In the new grant, the nutrition team will focus on building and strengthening what has already been done, while emphasising on quality and also reaching more people in need. Focus will also be on scaling up on work in the community i.e. Community outreach and referral as well as Infant and Young Child Feeding Practices (IYCF).

The final program report for this award, including a more detailed analysis of results and lessons learnt, will be submitted to OFDA by November 29, 2015.

Indicator table

	Indicators	Baseline	Project Target	(Reporting Period Achieved)	Achieved Cumulative	Remarks
Management of Moderately Acute Malnutrition(MAM)						
Indicator 1:	Number of sites managing MAM	0	3		3 Nutrition sites managing MAM.	All the three outreach sites established and operational.
Indicator 2:	Number of people admitted to MAM services, by sex and age*	0	TOTAL: 3606 2,707 U5 children (female: 1,299; male: 1,408) and 901 PLWs	TOTAL: 369 349 U5 children (female: 177; male: 172) 20 PLWs	TOTAL: 1,695 1,474 children under 5 (female 771: 710; male: 703) 221 PLWs	The target was not reached due to lack of supplies, especially for PLW. There was felt pipeline breakages that only picked up in August of 2015 when the project was ending. TF made all its monthly supplies request to WFP who together with the Logs cluster seemed to have logistical problems beyond our comprehension
Indicator 3:	Number of health care providers and volunteers trained in the prevention and management of MAM, by sex.	0	204 (6 Tearfund staff, 18 Community Nutrition Volunteers, 180 IYCF	TOTAL: 35 ▪ 16 IYCF Counsellors all female ▪ 19 mother support group	TOTAL: 89 1 lead ToT trainer 18 CNVs (6 female; 12 male)	After hiring a consultant for IYCF the approach changed from Facility based UNICEF recommended approach. In this approach, we have trained 37 counsellors

			women (60 per each Feeding Centre location)	leaders all female	12 IYCF ToTs (2 female; 10 male) 7 Extension workers(1 Female 7 Male) 31 IYCF Counsellors 2 IYCF facilitators 19 Mother support group leaders	who are now supporting mother support groups in the 3 sites. A total of 100 Mother support groups have been formed and are functional.
Additional Indicators	% of coverage in project area	0	>50%		47.0%	Target not reached
Additional Indicators	% of target population are within less than a day's walk (incl treatment) of the programme site	0	>90%		100%	100% achieved
Additional Indicators	% of discharges from targeted supplementary feeding programme who have recovered or defaulted	0	>75% recovery rate	90.0%	90.0%	Met SPHERE standards
			<15% Defaulter rate	6.5%	6.5%	Within SPHERE standards
Management of Severe Acute Malnutrition (SAM)						
Indicator 1:	Number of health care providers and volunteers trained in the prevention and management of SAM, by sex and age*	0	204 (6 Tearfund staff, 18 Community Nutrition Volunteers,	TOTAL: 26 16 IYCF Counsellors (all female)	TOTAL: 90 (59 female and 31 male): 18 CNVs (6 female and 12 male), 1 lead ToT trainer (male), 12	After hiring a consultant for IYCF the approach changed from the where the planning was based to a UNICEF recommended approach. In this

			180 IYCF women (60 per each Feeding Centre location)	10 mother support group leaders (all female)	IYCF ToTs (2 female and 10 male), 7 extension workers (1 female and 6 male), 31 IYCF Counsellors (all female), 2 IYCF facilitators (all male), and 19 mother support group leaders (all female)	approach, Tearfund has trained 37 counsellors who are supporting mother support groups in the 3 sites. To date, 100 groups have been formed and are operational
Indicator 2:	Number of sites established/rehabilitated for inpatient and outpatient care	0	3 for outpatient care and 1 stabilisation centre	0	3 Nutrition sites established	All the three outpatient care sites established. Plans for stabilisation centre were cancelled, as reported in Q2. Funds in these budget lines was reprogrammed to achieve approved project objectives.
Indicator 3:	Number of people treated for SAM, by sex and age*	0	Total : 486 U5 children (female: 233; male: 253)	TOTAL: 311 (female: 167; male: 144)	TOTAL: 912 (Female 474; male 438)	The target has been exceeded
Indicator 4:	Rates of admission, default, death, cure, relapse, nonresponse-transfer, and length of stay	Defaulter Rate 0%	Defaulter Rate <15%	7.6%	7.6%	Met SPHERE standards
		Recovery Rate 0%	Recovery Rate >75%	80.3%	80.3%	Met SPHERE standards
		Admission Rate 0%	Admission Rate: 100%	187.7%	187.7%	

		Non Responder Rate 0%	Non Responder Rate	11.3%	11.3%	
		Length of Stay 0	Length of stay (estimated 60 days)	64	64	Slightly above SPHERE standards of less than 60 days
Additional Indicators	% of patients identified for specialised care referred immediately to stabilization centre or inpatient care centre.	0%	100%	2	15 (13 male and 2 female)	83.3%
IYCF						
Indicator 1	Number and percentage of infants 0-<6 months of age who are exclusively breastfed	27%	50% (1031)			The reached number and % for all IYCF indicators will be provided with the Final Results Report. The data collection is ongoing
Indicator 2	Number and percentage of children 6-<24 months of age who received foods daily from 4 or more food groups	3%	10% (314)			As above
Indicator 3	Number of people receiving behavior change education, by sex and age (0-11 months, 1-4 years, 5-14, 25-49 years, 50-60 years, and 60+)	29%	45% (4122)	Total: 2,484 2,089 Female and 395 Male all 15-49 years of age	Total: 7,952 7,236 Female and 716 Male all 15-49 years of age	
Additional Indicator	Continued breastfeeding rate at 1 and 2 years (WHO	35%	90%			As above

	indicators to complement OFDA indicator 1)					
Additional Indicator	Percentage of mothers initiating breastfeeding within an hour after delivery.	85.4%	<90%			As above
Additional Indicators	Number and Percentage of children introduced to semi solid or soft food at the appropriate time.	4%	25%			As above
Additional Indicators	Percentage of children fed at least 3 times a day.	24%	65%			As above